

Rapid Sequence Induction - Intubation Facilitated Passage of Impacted Food in Esophagus: A Single Institutional Case Series



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Background

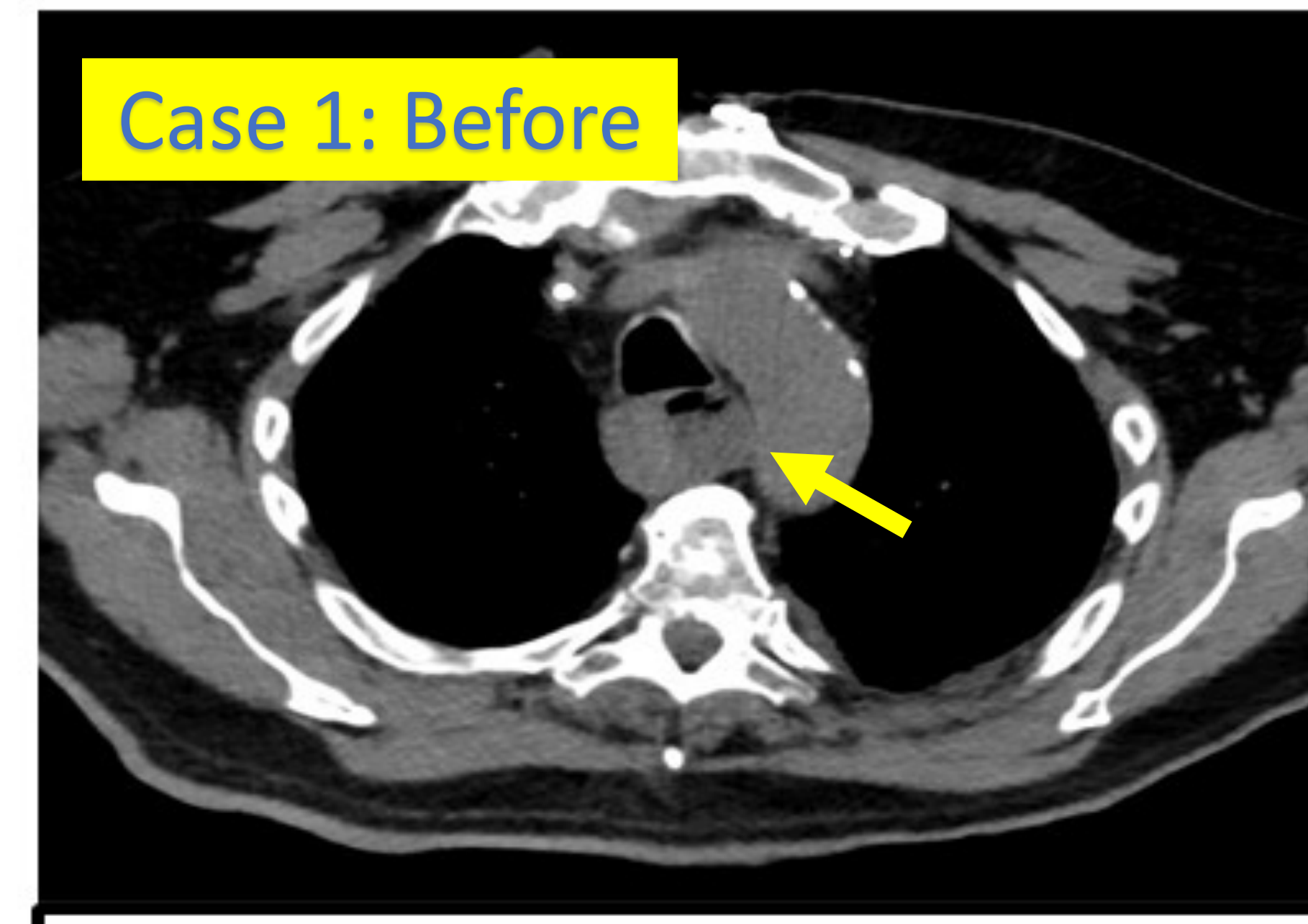
- Complete esophageal food impaction (EFI) if not relieved may progress to perforation and urgent endoscopic intervention is recommended.
- Current guidelines recommend elective intubation in cases with high aspiration risk.

Case Description

Case 1: 77-year-old man with history of EFI from “distal esophageal spasm” presented four days after the onset of symptoms suspicious for EFI. CT chest showed esophageal dilation and food debris up to level of the aortic arch.

Case 2: 87-year-old man with history of EFI from a massive goiter presented three days after the onset of solid food dysphagia and inability to swallow saliva. Esophagogastroduodenoscopy (EGD) with moderate sedation showed EFI at distal esophagus which was not able to be manipulated further.

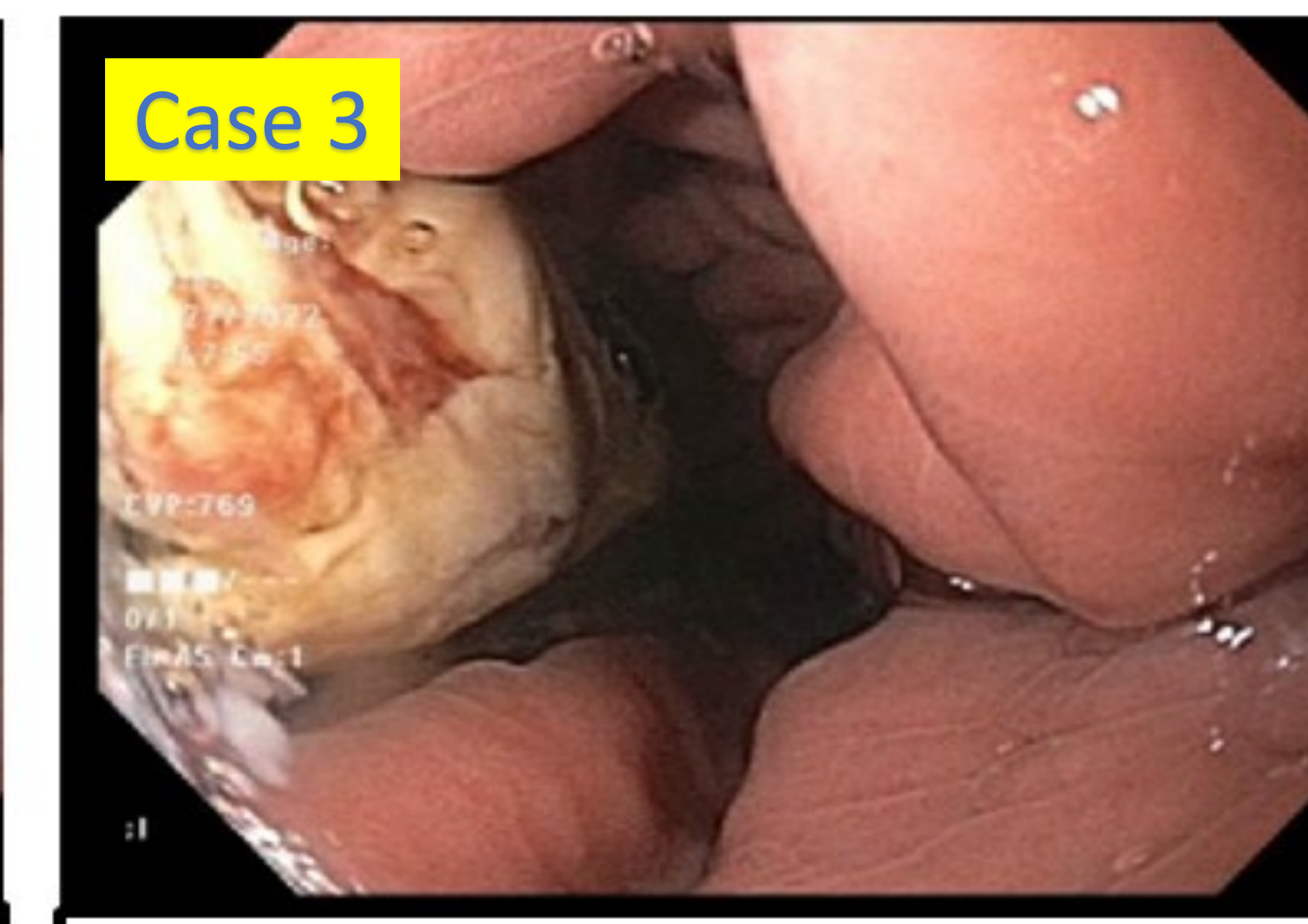
Case 3: A 65-year-old woman with history of chronic dysphagia and EFI relieved with glucagon in the past presented one day after the onset of severe dysphagia and inability to tolerate oral secretions.



Case 1: Food debris at the level of the aortic arch.



Case 2: EGD with moderate sedation showing distal esophageal food impaction.



Case 3: EGD after RSII with food passage through GE junction.



Case 1: EGD after RSII without impacted food, esophageal ulcers noted.



Case 2: EGD after RSII with spontaneous passage of food, esophageal ulcers noted.



Case 3: Mid-esophageal ulcerations indicative of recent food impaction.

Results

- All patients underwent rapid sequence induction and intubation (RSII) with subsequent EGD.
- In the first two cases EGD did not reveal impacted food despite recent CT/endoscopic evidence of showing such. In the third case distal EFI was noted, but it was now able to be pushed into the stomach.
- All three patients had severe esophageal ulceration due to their EFI.

Conclusions

- RSII reduced need for endoscopic intervention and shortened sedation time.
- We propose RSII prior to EGD for patients presenting with delayed EFI to minimize need for prolonged endoscopic interventions and reduce perforation.